LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XII. LOUISVILLE, AUGUST 20, 1881. No. 8.

J. W. HOLLAND, A. M., M. D., ... Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

QUACKERY AND THE CLERGY.

It was once our good fortune to hear a lecture on "Doubt and Doubters," by the Rev. Francis Patton, D. D., an entertaining speaker and a theologian of great acuteness and subtlety. The reverend speaker evidently regarded his hearers as adults, and gave them for mental digestion meat and not milk. He pointed his shafts of ridicule at those who attempt to grasp the sum total of human knowledge, and with force and unerring precision hurled them through the windy forms of popular unbelief, and showed the attenuated nature of the matter which had inflated pigmies of doubt to the proportions of giants of unbelief. The physician who in his own estimation has acquired the grand total of medical lore and then presumes to set himself up as a theologian, was taken to task and handled without gloves, much to the delight of the audience, the writer included.

The force of relentless fact and logic, and the eloquence and ingenuity of the speaker in its application to his argument, had the effect of convincing us more than ever that "the shoemaker should stick to his last," and that on the whole humanity would suffer no loss if we henceforth devoted our undivided attention to medicine and left the snarled skein of theology to be unraveled by those who spend their lives in the study of its intricacies. But we must all admit that a good rule should work both ways; and if the physician, who, if he be a good church-going Christian, has at the age of thirty-five listened to about three thousand lectures on theology—good, bad, and indifferent—can not be trusted to give advice to one in spiritual distress about questions of theology, how in the name of heaven does it happen that about two of every three clergymen who have perhaps never attended an orthodox medical lecture in their lives are regarded by themselves and the community as thoroughly competent to give advice, and medicine as well, to those who are in physical difficulty and distress?

The religious press is a remarkably popular advertising medium for quackery of all kinds, from the universal and infallible patent remedy to the hardly more miraculous faith cure. No proprietor of an advertised nostrum or medical mountebank feels himself secure in his appeal to suffering humanity for patronage unless he is backed by the religious community, the religious press, and the clergy. Long lists of divines, class-leaders, deacons, lay-evangelists, and perfect-holiness advocates attest the thorough reliability of the peripatetic cancer-curer and the undoubted safety and efficacy of the unknown prescription of an equally unknown and long-deceased doctor, prepared by a man of unknown character and of no commercial reputation for honesty and fair-dealing. Even in our city a clergyman in good standing, we are informed, is in addition to the duties of his spiritual ministration, encumbered with the responsibility of caring for the physical welfare of a large clientage, who trust their souls to his direction as a minister of the gospel of Christ, and also give their bodies to his charge by taking the

great Indian remedies of which he is the dispenser and general agent.

The ease and confidence with which the average clergyman makes his diagnosis of an obscure disease, and the readiness with which he prescribes an absolute specific, ought to excite the envy of the cautious and careful physician, who, with all his faculties sharpened by special study and scientific data, and strengthened by years of practice and observation, is still in doubt of the character of the lurking enemy. That we are not too severe let the experience of every physician attest.

The religious press lives largely by the revenues derived from advertising medical humbugs; the rear being brought up by the aged and retired clergyman, who, for the love of humanity, will for a stamp send the formula for a remedy composed of drugs unknown to science, and which of course can be procured only from himself at a round sum per bottle.

What wonder if our profession regard these trespassers in their special field much as a hunter would the fellow who rushes across his chase discharging loads of buckshot at random, hoping to kill the slayer of the flock which he has tracked and followed with persevering skill through weary hours.

We are glad to know many clergymen, whose opinion in their special field of study we value, who discourage this medical piracy of their less wise brethren.

Are we wholly blameworthy if we sometimes feel, when our brothers of the clergy exalt the merit of an unknown and practically untried remedy or pretender above the science and merit of our laborious and painstaking profession, that the miracle of faith or credulity which they thus exhibit may possibly be carried into religion as well, and doctrines be advocated from the Christian pulpit and believed, which add neither to the dignity of man nor to the glory of his Creator?

PROF. SKODA, of the Vienna University, died on the 13th of June.

Original.

SOME POINTS OF INTEREST IN THE DIFFERENTIAL DIAGNOSIS AND TREATMENT OF ACUTE DROPSICAL, PURULENT, RHEUMATIC, AND METASTATIC INFLAMMATIONS OF JOINTS.

BY EDW. VON DONHOFF, A.M., M.D.*

Formerly Visiting Surgeon to the City Hospital and Curator to the Pathological Museum, Louisville.

Mr. President and Gentlemen: The propriety of preparing a short paper upon this subject was suggested to me by discussions which have from time to time arisen during our conferences. I trust that some benefit may accrue to those of us who, like myself, are interested in a short, technical review of this subject.

In the following paper I shall take up, in the order of the frequency of their occurrence, the various acute inflammatory conditions of the joints mentioned in the title.

Acute dropsy of a joint is a condition entirely analogous to inflammatory processes,† marked by simple serous exudations of some other structures of the body, such as the pleura, arachnoid, peritoneum, etc. Just as we speak of pleurisy followed by sero-fibrinous exudation, and pleurisy with purulent (empyemic) accumulations, so, too, we have simple catarrhal (non-purulent) dropsy of a joint and purulent synovitis, or empyema. Of late great importance has been attached by some surgeons to distinguishing accurately as to the particular part of the joint-anatomy affected; but this is a distinction which, even if made, can not benefit us in the clinical surveillance of the case. We treat the joint as a whole, and can not do better than confine our attention to the general course of its disease and its treatment, and the constitutional condition of our patient. For practical purposes, the general clinical character must and does determine the division into varieties of this as it does that of other diseases. The morbid conditions with which simple dropsy of a joint is most likely to be confounded are *purulent* synovitis and an intermediate condition which R. Volkmann describes as *catarrhal synovitis*. As the knee-joint is the one most often affected, it does not seem out of place to describe its condition specifically as it

* Read before the Medico-Chirurgical Society of Louisville.

† Dumreicher and others question the "inflammatory character" of simple dropsies of the synovial membrane, as they do those of other serous structures.

appears when disordered by either of the three before-mentioned conditions.

The history of simple dropsy usually dates from "catching cold." The knee appears swollen and slightly reddened. Very little pain is present. Fluctuation and a movable (floating) patella are readily discoverable. The patient easily flexes and extends the limb when bidden to do so. He has no fever, and further than the *inconvenience* occasioned by a swollen joint he has no trouble. If the joint's cavity and contents could be examined, the following conditions would be found to obtain. The joint is filled with a very light straw-colored serous effusion, which contains some flocculi of coagulated fibrin, but no pus. The synovial membrane is somewhat heightened in color and spotted here and there with very thin layers of coagulated lymph.

In *purulent synovitis* the course is quite different, and is marked from its onset by great constitutional disturbance. Most frequently the condition is preceded by a severe chill, which is followed by high fever. While in the majority of instances the patient ascribes his disease to "catching cold," as was the case in simple synovitis, it is most probable that some slight wrench or injury of some sort induced the mischief. Unlike the mild suffering incident to simple dropsy, the patient with purulent synovitis endures the most excruciating pain, and is unable to straighten* the limb, which presents evidences of the most active inflammatory process. The surface of the knee is red, hot, and angry-looking; and though no fluctuation is discoverable as yet, the part is sensitive to the slightest touch. If the joint be examined in its present condition, a small quantity of pus and scarcely any serum would be found. The synovial membrane has an angry, red, puffy, and ulcerated appearance, and the cartilage has lost its pellucid look. Later on, as the anatomical changes increase in extent and severity, the joint becomes filled with thick creamy pus. *Now* fluctuation is marked.

The intermediate condition before mentioned, the description of which originates with Volkmann, partakes of the nature of both the diseases described.

In *catarrhal synovitis* we find plentiful serous exudation mixed with flakes of pus and slight ulceration of the synovia. The symptoms are not so severe as in purulent synovitis, nor yet so mild as in simple dropsy. My own experience and that of friends leads me to the conclusion that this last condition is of little less frequent occurrence than the first described; while genuine purulent synovitis is rare as compared with either, of course we are to leave out of consideration synovitis caused by trauma incident to mechanical violence. The morbid conditions described are to be distinguished from acute inflammatory rheumatic affections: First, in that the former are invariably monarticular and the latter always polyarticular (Billroth instances this point of difference as *prima facia* evidence); secondly, because of the profound constitutional disturbances always incident to acute articular rheumatism; and lastly, because of the remaining *tertiam quid* which often accompany and rarely fail to follow acute articular rheumatism—namely, organic heart- and kidney-lesions and their sequelæ. It should be mentioned also that suppuration and fluctuation* are symptoms so infrequently present in rheumatic joint-affections as to require mention only as scientific curiosities, whereas edema is present in every instance.

The treatment in the three varieties of joint-affections described is for the most part the same. Rest is essential in them all. In simple hydrops genu acutus compression with cold wet bandages will suffice as an adjunct to the indispensable rest, to bring about a cure in from eight to ten days. Purulent and catarrhal (so-called) synovitis require more active treatment. Here the local application of cold or (what I prefer) hot fomentations and that of the compound iodine ointment are indicated. Leeches in large numbers are frequently beneficial agents in the treatment. The internal administration of iodide of potassium in small doses is also practiced with more or less benefit to the patient. Since fixed dressings—paper or plaster—have come into use in these affections, I prefer them to all other methods of treatment. This commends itself so thoroughly to our reason as to leave comparatively little to wish for. It happens often enough that meddlesome surgery becomes an active instrument for the production of, if not irreparable, at least serious damage. Among the most injurious and nowadays too common practices I account that of indiscriminately aspirating or puncturing a joint. No good can be accomplished and much

*The flexed position of the limb under these circumstances is ascribed by some authorities to the presence of fluid in the joint-cavity, and by others, whose views on this subject are better supported by facts, to reflex influences.

*I have recently seen a report of a case of rheumatic arthritis, in a Swedish medical journal, in which all the joints involved suppurated. The patient died of a heart-complication.

harm may be done. If it be contended that to extract the fluid from a dropsical joint is to relieve pain or expedite a cure, it will be found comparatively easy to establish the opposing fact that often enough a simple dropsical joint-effusion, which requires little time for its cure, may be changed into a purulent synovitis. Besides there is the negative fact that dropsy is not very painful in its acute stage and the chronic condition is hardly an inconvenience. On the other hand, purulent synovitis is exceedingly painful and exhausting in its influence, and in its chronic stages is to be feared as dangerous to the limb and possibly also to the life of the patient. Conditions arise in the course of some cases (not many if properly treated) of *purulent synovitis* which require the opening of the joint-cavity, and in these nothing short of free incisions accomplish the desired end. However, this part of the subject relates to chronic states with which we have nothing to do at present.

Our next inquiry brings us to a consideration of acute rheumatic joint-inflammations. As has already been mentioned, in summing up the points of difference between this and the other affections described acute articular rheumatism always affects more than one joint at the same time. There are no exceptions to this rule. Indeed it may attack the joints of all the limbs simultaneously, showing that the general economy is primarily and profoundly affected. The joint-affection rarely comes to our notice for surgical treatment. While edema of the joints is always present in rheumatic affections, fluctuation or extensive suppuration are among the most rare of all developments; and indeed the disease of the joints is the least thing to be dreaded. It usually disappears in a few weeks with or without treatment. The cardiac, brain, kidney, or enteric lesions which often enough follow intense rheumatic affections are without the pale of surgery. In the rare instances affording an opportunity for necropsies after death from acute rheumatism, the anatomical changes in the joints-structures were found to be limited to slight ulceration and swelling of the synovial membrane—the cartilage remaining unchanged. In the joint-cavity a few drops of pus were occasionally found. The prognosis, so far as the joint-affection is concerned, is good; except in those rare instances already referred to in which extensive suppurative changes occur the joint is not impaired.

Two forms of acute articular inflammations yet remain, a short discussion of which may properly be included in this paper; I have reference to gonorrheal and pyemic arthritis.

Not long ago the existence of the first-named disease was entirely denied by some and only doubtfully admitted by others of the profession. However, time and observation have cleared away all the mist surrounding the subject, and gonorrheal arthritis occupies a place in the list of known morbid conditions. As its name implies, the disease is always associated with gonorrhea or some form of urethritis. Occasionally it is said to have originated from rough catheterization. This last-named etiology is not denied by high authority, and my own experience is in accord with this view. According to some authorities, the disease makes its appearance after the sudden suppression of the penile discharge. The cases which I have seen occurred during the flow, and in two instances where no treatment had preceded the advent of the rheumatism. In proportion to the number of cases of gonorrhea, the joint-affection is very rare. "Gonorrheal gonarthritis usually attacks both sides (knees) and is a subacute serous synovitis." With proper treatment (rest, local application of iodine, etc.) the disease soon subsides; but the joint is apt to remain irritable and the disease to return if any new cause be acquired.

Under the heading, *pyemic arthritis* puerperal arthritis may also be included. Both these conditions are due to the absorption of septic material from a locus morbi; the difference being that the latter condition only occurs in lying-in women; the first may occur in any one upon whose person a suppurating trauma exists. Abscesses occasionally appear in joints after laceration of the urethra, and these conditions are properly classed as pyemic arthritis. Both pyemic and puerperal arthritis are metastatic in their origin. The diseases may affect one or more joints.

The treatment in either condition is general and local—liberal diet and rest. The joint should not be punctured or incised except under the most pressing circumstances —"a disposition to '*break*' spontaneously." Experience teaches that abscesses (purulent accumulations) in these conditions of the joints disappear without active treatment. Patience, time, and a thoroughly expectant plan of treatment are the indispensable factors in the recovery of these cases.

LOUISVILLE.

Correspondence.

THE MARYLAND MEDICAL JOURNAL AND DR. SAYRE.

Editors Louisville Medical News:

DEAR SIRS—Our attention has just been directed for the first time to a communication of Dr. Sayre, entitled "The Danger of Using an Anesthetic while Suspending a Patient to Apply a Plaster-of-paris Jacket," by seeing a republication of it in the August number of the Virginia Medical Monthly. How we came to overlook it when originally published by you we do not know, since we always read with much care and pleasure your excellent journal as soon as received.

Dr. Sayre has fallen into some gross and almost inexplicable errors in his communication, which we can not in justice to ourselves let pass in silence. He begins by quoting a short translation headed "Fatal Result from the Application of Sayre's Jacket," which was first published in the Maryland Medical Journal of July 1st, page 117, and which was thought worthy to be transferred by you (with due acknowledgment) to the pages of your issue of July 9th. The source from whence we derived this article is given in full at its close, viz. "*Sonnenberg—Proceedings of the German Surgical Society; Deutche Med. Woch.*" Dr. Sayre then proceeds to quote from a letter from the Berlin correspondent of the New York Medical Record an account of the discussion in the German Medical Society on the treatment of spinal disease, from which discussion, as reported in the Berlin journal above named, our translation was taken. This account is nothing more than a brief *resumé*, and gives the name of only *one* of the speakers, Prof. von Langenbeck. The correspondent also quotes the report given by Prof. von Langenbeck of a fatal case of application of Sayre's jacket in which chloroform was used. Dr. Sayre then goes on to say that he had seen accounts of this same case in the International Medical Journal and in several other journals, and he "therefore *takes it for granted* they all refer to this one case of Prof. von Langenbeck's," and "*you* have therefore no right to head your article, 'Fatal Results from the Application of Sayre's Jacket.'"

Now Dr. Sayre should have known that the case referred to in our translation was not Prof. von Langenbeck's—first, because there is no mention made of chloroform being given; second, because the child would not have been "restless" had he been under the influence of an anesthetic; third, because there was no "partial restoration of breathing"; fourth, because death took place in one hour and a half and not in one hour; fifth, because there was no "pressure on the trachea of escaping pus to account for the death"—"the trachea," upon the contrary, "being free down to its bifurcation," and the cause of death not apparent; sixth, because the name of Sonnenberg is given as the reporter of the case, and not Von Langenbeck.

Prof. Sayre could surely hardly have imagined that we would take the liberty, upon our own whim and caprice, of making such wholesale changes in copying an article as he here implies. Such a violation of truth and accuracy should not be imputed to any one without absolute proof.

But it would have been a very easy thing for him to have informed himself upon this subject, since the original journal is doubtless accessible in the New York Academy of Medicine Library (as it is in our Baltimore Medical Library); and even if he were unable to read the account in the German, he could readily have secured aid from those who were so able.

Our little translation did not pretend to be a complete report of all that Sonnenberg is credited with having said in regard to his case upon the occasion; but it did and does claim to be a faithful and conscientiously-made abstract; and even in the matter of heading, to which Dr. Sayre takes such exception, we have taken no liberties, the original reading, *Herr Sonnenberg (Berlin) berichtet von einem Unglücksfall bei einem Sayre's chen Verbande*—language probably used by Sonnenberg himself, if not by the reporter of the meeting (Paully).

We must confess our surprise that Dr. Sayre should address his censure and complaint to you when perfectly aware that the article originated with us.

In conclusion, we must apologize for occupying so much of your valuable space. Our excuse is that the censure and the discredit falls upon our journal and not upon yours, and that a charge like this involving the truthfulness and accuracy of a public journalist is no light thing.

Very respectfully your obedient servants,

THE EDITORS OF THE MARYLAND MEDICAL JOURNAL.

P. S.—We have found, since writing the above, a pretty full translation of the pro-

ceedings of the society of German surgeons in the last number of the London Medical Record (July 15th), to which we refer Dr. Sayre. EDS. MD. MED. JOUR.

MATERNAL IMPRESSIONS.

Editors Louisville Medical News:

The following case, as reported by Dr. G. W. Duncan, will prove interesting to many of your readers, especially to those who are fond of tracing up wonderful psychological phenomena. The doctor kindly invited me to see the patient with him, but when I reported for the visit I found that it had been buried the evening before, having died at twelve hours after its birth. I, however, received the history of the case from the family as substantially reported by the attending physician, Dr. D., and can vouch for its correctness. J. B. GARDNER, M.D.

FRANKLIN, KY.

Was called to attend Katy Randolph, W. C., in her first confinement. Found her in good health, stout and vigorous, aged twenty-three years. The presentation was normal and pains had been complained of for four or five hours. The bowels being constipated, she was directed to take castor oil. As there was no indication of early delivery, I left, to return when notified that my services should be required.

I visited her eight hours afterward and found the os dilated to the size of a silver dollar, tense and thin. At this time her mind was wandering. She was impressed with the idea that some one had spilt hot coffee over her bowels, and asked me to dress the scald. I assured her that nothing of the kind had occurred; but she persisted in the hallucination, declaring that she would be burned to death if I did not protect her. This state of mind had existed for six hours before my second visit, at which time I found her pulse full and vigorous, and the pains severe and continuous. I bled her to the amount of twenty ounces, and gave her a dose of morphine hypodermically. Two hours afterward she was delivered of a well-developed female child. The placenta soon followed, the hallucinations disappeared, and all went well with her.

While the child was being dressed I discovered an unusual appearance of its hands and feet. On inspection the hands to the elbow and its feet to the knees presented the appearance of a burn, blistered in every portion except where the skin was denuded by handling, or where, in the act of birth, it may have been peeled off. This condition of the child, coupled with the mother's persistent idea that she was burned, excited my curiosity, and on investigation I learned the following:

Three weeks before this time she was scalded by hot coffee upon her hands, forearms, and feet by the overturning of a coffee-pot upon a hot stove. The burn, however, which was superficial, was soon recovered from, and she had well-nigh forgotten the incident; yet I found the child with all the appearances of a burn, which, I was told by the family, was in every respect like that sustained by the mother three weeks before its birth. Explain this, who will.

Clinical Lectures.

SOME DISEASES OF THE NEWLY-BORN.

BY WM. T. PLANT, M.D.

Professor of Diseases of Children in Syracuse University, Syracuse, N. Y.

[Original.]

UMBILICAL HEMORRHAGE.

Gentlemen: Besides umbilical inflammation in the young infant, of which we spoke the other day, another danger is sometimes encountered at the same point—viz. hemorrhage. I do not mean the bleeding that may take place from the end of the stump soon after the cord has been tied; that is a preventable accident which need never occur to you if you remember your instruction upon this point; but the hemorrhage of which we speak now is independent of the ligature, and usually occurs at the point where the stump separates from the body. Statistics show that in a large proportion of cases the hemorrhage occurs between the fourth and fifteenth days; that is, between the beginning of ulceration and complete cicatrization at the navel. In a few instances only has it begun directly after birth.

I shall now consider the causes of this hemorrhage. Ordinarily, after the cord is tied, the umbilical vessels become securely plugged by firm coagula. Whatever interferes with this process, by lessening the coagulability of the blood, favors hemorrhage. Foremost among the causes we may reckon a hemorrhagic diathesis, an inherent tendency of the blood peculiar to the individual to remain fluid under circumstances which usually promote coagulation. So strong is this disposition to hemorrhage in some families that many times more than one child of the same parents has perished from this cause. Authors say that if a little of the blood is collected as it oozes from the navel, it will be found to resist coagulation for a long time, and that the clot when formed is without firmness or cohesion.

Certain diseases affect the blood in the same way. Syphilis notably does it. There would seem also to be some obscure connection between umbilical hemorrhage and derangement of the biliary function, for in more than half the cases jaundice is coincident with the bleeding and often precedes it.

Umbilical inflammation may also lead to hemorrhage through ulcerative or gangrenous destruction of tissue.

Symptoms and Course. Unexpected bleeding, especially in an infant, is alarming. You are summoned then in some haste, and the nurse points you to a blood-stain on the child's clothing. The band being removed and the part cleansed, you may see the blood oozing from the umbilicus. It is not a rapid flow, and it would seem an easy matter to stanch it. Naturally astringents occur to you, and you apply some lint soaked in a solution of persulphate of iron, say one part to six or eight. Over this you lay a compress, and instruct the nurse to keep it in place by a well-applied binder. You then repair to your dwelling happy in the consciousness that you have saved a life.

For an hour, or perhaps for a day or two, your self-gratulation receives no check; but you are nearly certain to be summoned again, to find the blood escaping beneath and around the dressing you have

applied. You determine upon another styptic, and select tannin or alum, but with no better result. So other astringents and combinations of astringents are tried, with firm pressure by compress and bandage, often indeed to no purpose, for success with these agents is the exception rather than the rule.

By this time the infant is plainly suffering from loss of blood. It is pale, if not jaundiced; its cry has dwindled to a plaintive whimper; it is almost too weak to nurse. Perhaps a crop of petechiæ scattered over the body show how strong is the disposition to hemorrhage.

Having failed with styptics, you conclude to resort to the ligature. The pedicle being too short to hold the cord, you transfix the integuments crosswise with two needles, and twist the string around them after the form of the figure 8. This done you again feel, if you are without previous experience in this matter, that you are master of the situation; but you are uncommonly fortunate if you do not find within a few hours that the leakage continues in spite of the ligature, even escaping, it may be, from the orifices that the needles have made.

So after efforts oft-repeated, and failures no less often, the infant probably dies, perhaps in one day, perhaps in two or three weeks, the average duration being three to four days. Remember, however, that while the prognosis is in the main unfavorable, a certain small proportion of cases do yield to the above measures.

Fortunately this hemorrhage is a very rare accident. Vogel states that it occurs to but one baby in ten thousand. I happen to have met with two instances, both of which were fatal after a few days.

A case has been reported by Thomas Hill, and is referred to in several works upon children, in which a cure was effected by filling the umbilical depression with liquid plaster of Paris. The fissures that formed as the plaster set were filled with the liquid until the navel was covered with an impervious coating. This is a painless application and easily made. If I should encounter another case I would adopt this method at once, hoping for better success than has usually attended the employment of styptics and transfixion.

I had almost forgotten to say that when jaundice is a prominent symptom, especially when it has preceded the bleeding, I should have some faith in the administration of a cholagogue, such as hydrargyrum cum creta or the mild chloride of mercury.

Formulary.

SPASMODIC DYSMENORRHEA.

Powdered valerian.....	ʒ iij;	12.00 Gm.;
Laudanum.....	♏ x;	0.62 fl.Gm.;
Warm water.....	ʒ viij;	240.00 "

M. Sig. As a rectal enema in conjunction with baths and antispasmodics.—*Prof. J. B. Fonnsgrives, of Paris; Medical Gazette.*

MEMBRANOUS DYSMENORRHEA.

℞ Chloral hydratis..... } Potass. bromidi..... }	āā ʒ ij;	8.00 Gm.;
Morphiæ sulphat.....	gr. jss;	0.09 "
Syrupi aurantii corticis,	℥ iij;	93.00 fl.Gm.;

Sig. A dessertspoonful in a wineglassful of water every four hours while in pain.—*Dr. T. G. Thomas.*

CHLORAL HYDRATE AND GLYCERIN IN DIPHTHERIA.

Koen (New York Med. Record) recommends the following as a local application to the throat in diphtheria, and claims to have used it with gratifying results for the past fifteen years:

℞ Chloral hydrat.....	ʒ iv;	15.55 Gm.;
Glycerin.....	fl.ʒ xiij;	50. 54 fl.Gm.

M. ft. sol. Sig. Apply locally every two hours with a soft camel's-hair brush.

NOCTURNAL INCONTINENCE OF CHILDREN.

Prof. S. D. Gross, of Philadelphia, advises the following:

℞ Strychniæ.....	gr. j;	0.06 Gm.;
Pulv. cantharides.....	gr. ij;	0.12 "
Morph. sulph.....	gr. jss;	0.09 "
Ferri pulv.....	℈ j;	1.30 "

Mix. Make forty or fifty pills or powders, *pro re nata*. Sig. One three times a day to a child ten years of age.

This prescription will speedily relieve the irritability of the bladder, especially if conjoined with such means as a cold shower-bath daily, the avoidance of irritant food and late suppers, the patient lying upon the side or belly, and taking care to drink nothing for the few hours preceding sleep, and to empty the bladder on going to bed.—*Mich. Med. News.*

IN ACUTE SHOCK OR SYNCOPE.

℞ Am. carbonat.....	gr. v;	0.30 Gm.;
Sp. chloroformi.....	ʒ ss;	2.00 fl.Gm.;
Aquæ, ad.....	ʒ j;	30.00 "

Sig. At a draught.—*Fothergill.*

PROFUSE DIARRHEA.

℞ Am. carbonat.....	gr. v;	0.30 Gm.;
Tinct. opii.....	♏ x;	0.62 fl.Gm.;
Inf. hæmatoxyli.....	ʒ j;	30.00 "

Sig. This amount every three or four hours.—*Fothergill.*

APOMORPHIA AS AN EXPECTORANT.

Beck (*Deutsche Med. Woch.*; Chicago Med. Review) claims that apomorphia is more useful than ipecac, antimony, or the ammonia salts in the treatment of primary or secondary bronchial catarrh. It is particularly indicated in the first stage of the disease, when there is a dry cough with sonoro-sibilant râles. In broncho-pneumonia of infants it is of value during the stage of resolution. Beck employs the following formula:

℞ Apomorph. chlorhyd't...	gr. j;	0.06 Gm.;
Acid. hydrochlor. dil...	♏ xx;	1.23 fl.Gm.;
Syrup.....	fl.ʒ j;	30.00 "
Aquæ dest.....	fl.ʒ iv;	123.00 "

M. Of this a teaspoonful may be given every hour to children between three and ten; to adults, a tablespoonful.

ACCORDING to a paper read by Prof. J. P. Remington at a meeting of the Pennsylvania Pharmaceutical Association, druggists' apprentices could be bought and sold like other chattles, in Philadelphia, a hundred years ago.

Pharmaceutical.

A NEW ANTISEPTIC.—Dr. C. F. Keugzett (London Lancet) has found that by forcing air through oil of turpentine during a period of from one to two hundred hours, he is able to obtain a product possessing remarkable antiseptic qualities. So treated, the turpentine loses its volatility; and although still insoluble in water, it forms when brought in contact with moisture certain strongly antiseptic principles.

JABORINE.—Under this name Harnack and Meyer (*Jour. de Phar. et Chem.;* The Druggist) describe a second alkaloid of jaborandi found in the mother liquid left after the isolation of pilocarpin. The substance obtained through the method employed by these investigators is colorless and amorphous. Since jaborine can be produced by the simple concentration of an acid solution of pilocarpin, some doubt exists as to whether it be not an artefact.

THE TWO HELLEBORES.—Pecholir and Redier have recently (*Jour. de Med. de Bordeaux*) investigated the properties of veratrum album and black hellebore. The first is an emeto-cathartic, contra-stimulant and sedative to the sensibility; the second is an excitant, and a very dangerous poison of rapid action. The confusion of these two drugs by various experimental investigators has led at times to terrible accidents—which explains the general disesteem in which hellebore is held. The veratrum album has, however, been but exceptionally used in medicine.—*Druggist.*

MUSK FROM MUSKRATS.—A writer in the American Journal of Pharmacy says that numerous itinerant colored merchants, who hail from New Jersey, offer muskrat musk for sale in the form of pods at ten to fifteen cents a pair. Cut up into small pieces and allowed to macerate in alcohol, with the addition of slaked lime these pods produce a very fragrant tincture, which will be found at least three times as strong as the tincture or extract of musk generally employed. The writer finds that it does good service in the making of delicately-flavored perfumes. He asks for reports relative to its internal use. If this new musk be found to possess the antispasmodic properties of the old article, its cheapness will do much to make it a popular medicine.

Miscellany.

SURPRISING SURGERY.—Those who are interested in the advance of operative surgery will not fail to be struck by some of the recommendations of the German surgeons. During the proceedings of a congress held in April last, Dr. Zeller, of Berlin, suggested that as a prophylactic measure in operations about the mouth and throat the trachea should be divided near the third and fourth rings. The lower end should be fastened at one corner of the transverse incision in the skin, the upper end at the other corner, so that the discharges from the operation-wound may be prevented from obtaining access to the lungs. After the operation the two ends of the divided trachea may be brought together again. That this operation would be attended with danger to the patient probably few persons would be prepared to deny —perhaps with a danger as great or greater than that it is intended to guard against, and we must congratulate Dr. Zeller's dogs on having so well recovered from it. But in ingenuity of suggestion and in boldness of performance, this operation of Dr. Zeller's can not compare with that of Dr. Gluck, of Berlin, for this gentleman hopes that sooner or later the complete removal of the bladder and prostate, which he has carried out successfully on dogs, may be introduced into surgery. It may, says Dr. Gluck, be performed on men without opening the peritoneum, and the ureters should be fastened to the wound of the abdominal wall; for in dogs the sewing of them into the rectum has not well been borne, and the attachment of them to the cut urethra can scarcely be recommended. We shall watch with interest for Dr. Gluck's account of the first operation of this kind performed upon the human subject. We fear that not many even of our most brilliant surgeons will care much to perform it, and not many patients will care to submit to it when the most favorable result which can be hoped for has been explained to them.—*Beilage zum Centralblatt für Chirurgie; Lond. Practitioner.*

CHRISMA AS A PARASITICIDE.—Dr. Albert Crane, Edin. (London Lancet) speaks in the highest terms of the value of this derivative from petroleum as a parasiticide. He has given it full trial in four cases of scabies, two of phtheiriasis, and one of tinea tonsurans, obtaining most satisfactory results. He prescribes it in a quantity of about two

ounces, and directs it to be rubbed well over the part affected at night and washed off (tinea tonsurans excepted) the next morning. In the cases of scabies a moderate use of the ointment was sufficient for a cure; in phtheiriasis the lice succumbed to a single application; while the tinea, which had resisted treatment by other means for eighteen months, was completely cured in six weeks' time. Dr. Crane says that this remedy is non-poisonous, a quality that at once gives it a rank above all other parasiticides, for it may be rubbed over the whole body freely without doing any harm. Lastly, it is cheap. Dr. C. believes that it will do a great work in staying the spread of tinea, which just now is largely on the increase in the schools of England.

ADVANCE IN THERAPEUTICS IN 1880.—New remedies many, a few good, many bad, most indifferent. Tonga valuable in facial neuralgia; sulphide of calcium in suppuration —its action marked and reliable, grain doses now admitted; the nitrites of potassium and sodium have the action of amyl nitrite, but milder; ergot (again?) found useful in diabetes; pilocarpin useless in hydrophobia, which still defies all treatment; this last drug, tried in many directions, gave meager results; benzoate of sodium commended in scarlet fever and gonorrheal ophthalmia; salicylate of sodium, according to Dr. Greenhow, mitigates but little the complications of rheumatic fever, while it may be a positive injury to the heart; salicin is inefficacious, while salicylate of quinia is highly praised by Dr. Hewan; the value of cold baths in typhoid fever has become more than doubtful.—*Chicago Medical Journal and Examiner.*

LEMON-JUICE IN DIPHTHERIA.—Dr. Stewart, before the Baltimore Academy of Medicine (Maryland Med. Journal), called attention to lemon-juice as a local remedy in recent cases of diphtheria. He applies the juice by means of a muslin mop. It removes the membrane better than any thing he has ever employed. The application should be continued as long as any membrane remains. But three or four applications will in most cases be found sufficient. He has not tried it in any malignant case.

MANIA has been caused by the use of bromides for epilepsy, according to the testimony of leading members of the American Neurological Association.

ACTION OF SALICYLATED CAMPHOR.—M. Lajoux, of Rheims, has devoted himself to the investigation of a remedy which should have the double property of acting upon those albuminous bodies which assume the part of ferments as well as upon the lower organisms. He has found what he sought in a combination of salicylic acid with camphor, to which his co-worker, Grandal, has given the name of salicylated camphor. MM. Henrot and Luton have used this substance with good results in the Hôtel Dieu. It assumes the form of an unguent, and is of the greatest service in obstinate phagedenic ulcers such as those of lupus and syphilis; and to such an extent is this the case that the sores exhibit signs of improvement after the third day. After six weeks' use of this remedy, combined with an appropriate internal treatment, syphilitic ulcers which have resisted all other treatment were finally cicatrized. M. Henrot also states that salicylated camphor is of great use in the treatment of certain forms of epithelioma, and among others, especially of those which occur on the neck of the womb. He also believes that the same remedy may be used with advantage in the earlier stages of simple ulceration of this organ.—*Lyon Méd.; Lond. Practitioner.*

ANALOGY BETWEEN ASTHMA AND HYSTERIA.—Dr. Yeo, at the close of his paper on Asthma (Lond. Pract., July), traces an analogy between the great distention of the lung observed in many cases of asthma, and the remarkable and hitherto unexplained tympanitic distention of the intestines often encountered in cases of hysteria. This condition sometimes arises as suddenly as the asthmatic paroxysm, and seems to be entirely neurotic in its origin. Through this analogy Dr. Yeo believes that he has found one more point of evidence in support of the neurotic view of the nature of asthma.

ORTHONITROPHENYLCHLOROLACTIC, DIBROMONITROCINNAMIC, AND ORTHONITROPHENYLPROPIOLIC, are a few of the epithets indulged in by the American Journal of Pharmacy for August. The A. J. P. will have to stop this or increase the breadth of its pages.

MR. LAWSON TAIT, of Birmingham, Eng., has performed hepatotomy three times lately with perfect success. There was no adhesion of the liver to the walls in two of the cases, and the wounds were stitched together.—*Va. Med. Monthly.*

Selections.

Abscess of the Mastoid Cells from the Use of the Nasal Douche.—Read before the Ontario Medical Association by A. M. Rosebrugh, M.D., Surgeon to the Toronto Eye and Ear Dispensary (Canada Lancet):

(The patient was introduced, and an opening in the left mastoid bone was seen to communicate with the mastoid cells. Inflations of the eustachian tube caused a suppurative discharge to make its appearance at the opening.)

The history of this case is briefly as follows: Edward K., aged nineteen, has had chronic nasopharyngeal catarrh for four years. Two years ago he was advised by his physician to use the nasal douche. Since then he has used it occasionally—using about a teaspoonful of table-salt to a pint of warm water. On the 21st of May last, while using the douch, he felt the solution enter his left ear. On the 22d he felt very weak, but he had no pain. On the 23d pain commenced in the left ear, and on the 25th spontaneous perforation of the drum membrane occurred, with copious discharge of a dark sticky fluid from the middle ear. The pain continued, however, notwithstanding a copious discharge, and extended over that side of the head, which was not relieved by leeching and hot fomentations. There was also vertigo and pain down the back and lower limbs. On the 28th there was some edema of the lining of the external auditory canal, and on the 30th slight tenderness over the mastoid bone. An operation was then decided upon, and on the evening of the same day, or nine days after the accident, he was placed under chloroform, a free vertical incision made about half an inch behind the auditory canal, and an opening about one sixth of an inch in diameter was made through the bone into the antrum by means of a drill. This gave exit to a large quantity of purulent fluid, and gave the patient immediate relief. This is the tenth day after the operation, and the case, as you see, is now doing well.

The nasal douche, as you are aware, is very extensively used in the treatment of nasal catarrh, and I introduce this case for the purpose of calling attention to the need of greater care in its use. It is true that very few cases of abscess of the mastoid cells from the use of the nasal douche have been reported, but cases of suppurative inflammation of the middle ear from this cause are not uncommon. When a fluid under pressure enters one nostril, the soft palate is elevated by reflex action, and if there is no obstruction the fluid passes out of the opposite nostril. If the pressure is slight, there is very little danger to be apprehended; but if the hydrostatic pressure is considerable, as is the case when the reservoir containing the solution is higher than the head, and if there is also some obstruction to the free exit of the fluid, there is great danger of the solution passing up the eustachian tube into the ear, and perhaps also, as in this case, through the antrum into the mastoid cells.

Let me emphasize the precaution that when the nasal douche is used, first, the forehead should not be inclined forward; second, the bottom of the reservoir should not be higher than the eyebrows; third, the orifice of the nose-piece should not be large; and fourth, special care should be taken to see that no obstruction exists in either nostril.

The Pathology of Psoriasis—Dr. Geo. Thin, in a paper on this subject (British Medical Journal), describes the naked-eye appearance of a patch of psoriasis. White masses of epidermic scales cover a reddish vascular base, and if the scales be removed by the finger-nails blood oozes from the vascular surface. This proves increased vascularity of the papillary layer of the skin, a morbid formation of epidermis over the papillæ, and also that the healthy rete mucosum is deficient, for when healthy that membrane protects the vessels of the papillary layer from such slight injury as suffices to cause bleeding from a patch of psoriasis. Dr. Thin describes at length the microscopical appearances seen in sections of a patch of psoriasis, and gives reasons for believing that the morbid changes in the epithelium cause the inflammatory condition beneath it. Shortly expressed, histological analysis has carried us thus far. A diseased condition of the epidermis at certain localized points leads to inflammatory changes in the subjacent vessels. The serous effusion which takes place from the injured vessels breaks down the diseased epithelium and leads to the formation of a papilla. At the same time, while the apex of a papilla is being thus excavated a new formation of epithelium takes place at the side of the new papilla, and by growing downward the papilla becomes longer. The exudation from the vessels favors a rapid formation of cells in the rete mucosum; but these cells, from a defect the nature of which is not understood, do not go through the normal changes by which the horny layer is formed, but are thrown off while the transformation is incomplete. In persons subject to psoriasis very slight injury to the epidermis, from a scratch, etc., sets up the specific morbid action and produces a patch. Unlike certain other diseases, the inflammation caused by the presence of the morbid epithelium is not sufficiently intense to destroy the morbid influence and thus effect a cure; but inflammation can be artificially raised to an intensity great enough to destroy that specific morbid condition. This is the signification of the cures effected by Goapowder, tar, etc., but for the desired purpose Dr. Thin prefers pyrogallic acid.

Placenta Previa Complicated by Myoma.—At the meeting of the London Obstetrical Society on June 1st Dr. Hickinbotham related a case of placenta previa, complicated by a large myoma. The patient was a delicate primipara of small stature at full term. She had previously aborted. She had been in labor six hours and had lost much blood. The os was dilatable, large enough to admit two fingers. The placenta presented completely; no edge could be felt, and through its center, which seemed to be the thinnest part, a rounded mass was detected supposed to be the fetal head. The author decided to break through the center of the placenta with a view of turning. Having torn through it he discovered that the round mass was a large tumor, upon which the placenta was attached. The delivery of the placenta was therefore completed, after which the hemorrhage greatly abated. Version was performed, the after-coming head perforated, extraction effected with the aid of the crotchet. A terrible attack of septicemia followed, and for a fortnight Mr. Hickinbotham almost despaired of the patient's life. The tumor sloughed, and became protruded through the os. On the tenth day a softened and fetid portion was extracted and the remainder painted with pure carbolic acid. In three months the uterus was

freely movable, and its cavity of normal length, but the patient had not again menstruated after eleven months. If the placenta had not been previa the author would have preferred cesarean section. Dr. Barnes said that no general rule could be laid down for labor complicated by fibroid tumors. Sometimes necrosis occurred when the tumors did not obstruct delivery, and the cases might do well. Sometimes the tumor might be pushed out of the way and delivery effected by craniotomy or turning, or enucleation might be available. In extreme cases cesarean section might be necessary, and in such cases it should be considered whether Porro's method of removing the uterus and ovaries would not be best. Dr. Hickinbotham said that the size and wide base of the tumor precluded enucleation. He did not agree with Dr. Barnes as to the advisability of removing the uterus, considering that the results of the operation had been very unsatisfactory, but he thought it would be sufficient to remove the ovaries and fallopian tubes in performing cesarean section.—*London Lancet.*

Out-patient Treatment of Rickety Tibiæ.—Dr. T. F. Chavasse, of Birmingham, finding that osteotomy can be safely performed under antiseptic precautions for the relief of rickety curves in long bones has successfully operated for deformity of the tibia on twelve children, all under five years of age (British Medical Journal). In these cases the curves were mostly lateral and in none was it necessary to remove a ridge of bone to bring the leg into a straight position. After cutting down upon the concavity of the curve of the tibia, along the inner edge of that bone, the chisel is employed to cut from within outward until the tibia is so far divided that the fracture may be completed with the hands. The fibula breaks close to the fracture of the tibia. Antiseptic dressing is then applied and suitable splints secured by a plaster-of-Paris bandage; the patient is then sent home. At the end of six weeks—the plaster bandage being removed about the fifteenth day—the splints are taken off and the child is able to run about.

Volkman's Operation for Hydrocele.—Wm. Gardner reports three successful cases in which he performed this operation for radical cure. Operating under carbolic spray, he made an incision the whole length of the scrotum through all the tissues to the tunica vaginalis, which he then opened and divided to the same extent with probe-pointed scissors. The tunica vaginalis was then stitched to the skin by several points of interrupted suture, and after the insertion of a drainage-tube at the lower angle the whole was brought together with deep wire sutures. Antiseptic dressings were applied, and in a few days the wounds were healed.

He says that the advantages of the operation are: "1. The absolute certainty of cure within a fortnight if antiseptic precautions are observed. 2. The smallness of the risk, as evidenced by Volkmann's list of seventy cases without a death. 3. The simplicity of the operation. 4. So far as at present known, the operation is never followed by orchitis, as has been the case with the injection treatment. 5. This advantage has been pointed out by Mr. MacCormack in the following words: 'That a diagnosis in doubtful cases is hereby made easy, and a tumor of the testicle, of which the hydrocele is a symptom, may be thus examined, and perhaps in some cases treated by immediate removal, or in others by incision."—*Australian Med. Journal; Canada Lancet.*

Epidemic Rotheln.—Dr. C. W. Early, of Chicago, read a paper, and Dr. Roswell Park made a report, before the Illinois State Medical Society, May, 1881, on this disease, and the New York Med. Record gives the following synopsis of their remarks:

Rötheln had existed in the State of Illinois and the neighboring States, but prevailed especially in Chicago during the past spring. He described the disease as it came under his observation in over one hundred cases. It was contagious—as much so with adults who never had the disease as with children—and developed after an incubation of seventeen days. A mild coryza, suffusion of the eyes, enlargement of the glands of the neck, a slight fever, and a characteristic eruption were invariable symptoms. Prodromal symptoms were not apparent. The temperature remained normal in most cases. Pneumonia complicated a few cases, rheumatism one or two. Urticaria sometimes appeared and malarial troubles were liable to be present with it in the Northwest. Rotheln generally disappeared without desquamation. Hardly any treatment was necessary.

Dr. Roswell Park reported a hundred cases of the same disease (rotheln) in the orphan asylum. Bronchial complications had been a prominent feature in these. The eruption had a tendency to become confluent in some cases. Mild pharyngitis and laryngitis were present in twenty cases. Sometimes the eruption was discovered on the mucous membrane of the pharynx first. Four cases had severe pneumonia. All recovered under appropriate treatment.

Transfusion in Profuse Menorrhagia.—Mr. T. Whiteside Hime has performed this operation with success in a sterile woman, aged thirty-five (British Medical Journal). Menorrhagia had existed for five years, commencing from fatigue and severe shock during a catamenial period. The anemia was very marked. The cervix uteri was conical, the os narrow, it was incised and the uterine cavity painted with a strong solution of perchloride of iron, but with little good effect. Mr. Hime drew six ounces of blood from the patient's husband, and, using a special transfuser, introduced the blood through the patient's medio-cephalic vein. During the process her breathing stopped. A dram of ether was immediately injected subcutaneously and artificial respiration employed. She rallied, and the transfusion was completed. This was done in November, 1878; since then menstruation has never been excessive. The transfusion was indirect, the blood being first whipped and defibrinated in a warm vessel, then strained into the apparatus, which is double-chambered, that the blood may be surrounded by hot water. The blood runs, by gravitation, out of the apparatus into the vein through an elastic tube. The apparatus is very cheap and can not easily get out of order.

Treatment of Floating Bodies in the Knee-joint.—M. Gayot (candidate) read a memoir on this subject before the Paris Academy of Medicine. The author arrived at the following conclusions: 1. The extraction of foreign bodies from articular cavities is possible without very much risk; still he does not think it a justifiable treatment unless the function of the joint is interfered with and palliative means are ineffectual. 2. The open method of extraction he prefers to the subcutaneous, for the reason that it is in his opinion more easy, certain, and far less dangerous in its after consequences.—*Le Progrès Médical; Virginia Med. Monthly.*

Treatment of Abscess of the Liver.—The following summary, taken from Annals of Anatomy and Surgery, represents the results of Dr. Randolph Winslow's investigations in regard to the surgical treatment of abscess of the liver.

1. The liver should always be aspirated in a case of suspected abscess, in order to verify the diagnosis.

2. Many small and a few large abscesses have been cured by one or more aspirations; hence this method should always be employed at the first exploration, and we should then wait until it refills. If the pus collects slowly and in small amounts, it may again be aspirated; if quickly and in large quantities, aspiration is not to be relied upon.

3. Incisions should be made into the abscess-cavity at most prominent portion of the tumor, whether in an intercostal space or not; and irrespective of the presence or absence of adhesions.

4. Rigid antiseptic precautions add much to the safety and certainty of a successful result.

5. When Listerism is impracticable, good results will generally be obtained by simple incision or puncture by a trocar and canula, followed by the introduction of a drainage tube, and the daily use of carbolized injections.

6. Any of these methods are preferable to leaving the case to nature.

Ocular Symptoms in Different Diseases.—Dr. Gorecki, as quoted in the Glasgow Medical Journal, has tabulated his views as follows:

Blepharoptosis, or the falling of the upper eyelid, indicates paralysis, complete or incomplete, of the third pair of nerves.

Lagophthalmos, or inability to close completely the palpebral fissure, is a sign of facial hemiplegia, idiopathic, or a symptom of cerebral disease.

Strabismus, occurring suddenly and accompanied by diplopia, is most frequently the result of some cerebral affection.

Xanthelasma (a yellow lamina sometimes met with in the skin) of the eye-lids occurs in certain alterations of the skin.

Subconjunctival ecchymoses are frequent in hooping-cough, and may sometimes, at the beginning of the complaint, clear up a difficult diagnosis.

Redness of the conjunctiva, watering of the eye, etc., indicate in the child the outbreak of some eruptive fever, particularly measles. The prognosis is favorable if the tears come when the child cries, but fatal if the secretion of the tears is arrested.

Spots on the cornea are often the indication of a strumous constitution.

Dilatation of the pupil, or mydriasis, indicates excessive fatigue, the existence of intestinal worms, meningitis in the second stage or a true amaurosis. The dilatation is most frequently connected with atrophy of the optic nerve. It is seen also during an attack of epilepsy, on coming out of chloroform, after belladonna poisoning, etc.

Unequal dilatation of the two pupils points to the onset of general progressive paralysis.

Contraction of the pupil is one of the early symptoms of tabes dorsalis. It is met with also at the beginning of meningitis, in opium-poisoning, and in chloral-poisoning.

Deformation of the pupil, particularly after the injection of atropine, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects, say under forty or fifty, is often of diabetic origin and constitutes soft cataract.

Finally, the ophthalmoscope enables us to recognize the retinitis associated with Bright's disease. Retinal hemorrhages, edema of the retina, and embolism of its central artery are sometimes met with in organic affections of the heart. Optic neuritis and perineuritis and atrophy of the disk are symptoms of syphilis or of tumors in the neighborhood of the cerebellum or the corpora quadrigemina.—*New York Med. Record.*

Expression of the Fetus.—Henry Gibbons, M.D., makes a report on Obstetrics for 1880 (Pacific Med. and Surg. Jour.), from which we quote the following:

Mention is made of the method of expression of the fetus in vogue among the Japanese, Siamese, Digger Indians, Mexican Indians, Kalmucks, etc., and lately advocated by Prof. Bidder, of St. Petersburg, who reports eighty-one cases in which the results were more favorable than in forceps cases. This summary will not permit of a consideration of the various procedures fully described in the paper, which will amply repay the student's careful study.

While upon this subject may be mentioned Dr. J. W. Singleton's (St. Louis Med. and Surg. Journal) strong advocacy of the prenatal abdominal bandage, applied simply and equally from ensiform cartilage to symphisis pubis. He insists that it gives solid aid and comfort to the woman, and support to the intestines and uterus, especially in ante-flexion of the latter. An experience of twenty-five years confirms him in the value of this procedure.

Hour-glass Contraction.—Several cases of hour-glass contraction, so-called, were reported during the year to the New York and Philadelphia Obstetrical societies. The drift of opinion seemed to favor the view that such cases are due to spasmodic contraction of the internal os. Any one who has attempted to remove the placenta or membrane lodged in the cervix in an abortion will appreciate this explanation of hour glass contraction.

Dr. A. C. Fosdick (Obstetrical Gazette, September, 1880), mentions a curious instance of the conditions occurring prior to delivery. A multipara in labor for some time, the membranes having ruptured, was examined digitally. A smooth, tolerably solid, round substance, three inches in diameter, filled the vagina and pressed the perineum. The external os was fully dilated. Carrying the hand along a funnel above the brim of the pelvis a ring two inches in diameter was reached, above which was the presenting head, the rounded body in front being a fibroid tumor attached to the head, and weighing three pounds. The ring was too firm to be dilated until nausea was induced by ipecac.—*Ibid.*

Menstruation During Pregnancy.—The possibility of true menstruation occurring during gestation is considered doubtful by Levy, of Munich, who found in a number of cases examined that pathological conditions existed, such as ulceration, laceration of os, syphilitic ulcers, and varicose degeneration of the vessels of the cervix. The cases reported are too few to settle this important point; the possibility of super-fecundation (Leishman), being accepted by most writers, whence ovulation and its sign, menstruation, are also possible.—*Ibid.*